

Family Caregivers Consumer Intake Form

I am an adult caregiver providing “informal” in-home or community care to a person aged 60 or older OR to a person with Alzheimer’s disease or a related disorder with neurological/organic brain dysfunction.

The service you are receiving is paid for in whole or in part by funds from the federal Older American’s Act and the State of Iowa. Your responses are confidential. The Department on Aging uses this important information to research the needs of caregivers and the people for whom caregivers provide informal care.

Today's Date: _____

Caregiver's Last Name: _____ **First:** _____ **MI:** _____

Caregiver's Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Caregiver's Phone: (____) _____ **Cell Phone:** (____) _____ **Email:** _____

Caregiver's Demographic Information

Gender: ☐ Male ☐ Female ☐ Transgender

Date of Birth: ____/____/____ or **Age:** _____

Race: ☐ White ☐ American Indian/Alaskan Native ☐ Asian ☐ African American/Black
☐ Native Hawaiian/Other Pacific Islander

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

My relationship to the person to whom I provide informal care is:

☐ Husband ☐ Wife ☐ Son/Son-in-law
☐ Daughter/Daughter-in-Law ☐ Other Relative ☐ Non-Relative

Demographic Information About the Person Being Cared For:

Last Name: _____ First: _____ MI: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: (____) _____ - _____

Date of Birth: ____/____/____ or Age: _____

Gender: ☐ Male ☐ Female ☐ Transgender

Check the box next to the service provided:

<input type="checkbox"/> CG Access Assistance	<input type="checkbox"/> CG Respite
<input type="checkbox"/> CG Counseling	<input type="checkbox"/> CG Self-Directed Care
<input type="checkbox"/> CG Home Delivered Meals	<input type="checkbox"/> CG Supplemental Service
<input type="checkbox"/> CG Options Counseling	

New Intake Form: ☐ Updated Intake Form: ☐

Provider Name: _____

Informal Care. “Informal” means that the care is not provided as part of a public or private formal service program.

Grandparent/Older Relative Caregivers of Children Consumer Intake Form

I am a grandparent or other relative over the age of 55 who is the primary caregiver for children under age 18 or an adult who is disabled and is between the ages of 19-59.

The service you are receiving is paid for in whole or in part by funds from the federal Older American's Act and the State of Iowa. Your responses are confidential. The Department on Aging uses this important information to research the needs of grandparent & other older relative caregivers of children or adults who are disabled.

Today's Date: _____

Caregiver's Last Name: _____ **First:** _____ **MI:** _____

Caregiver's Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Caregiver's Phone: (____) _____ **Cell Phone:** (____) _____ **Email:** _____

Caregiver's Demographic Information

Gender: ☐ Male ☐ Female ☐ Transgender

Date of Birth: ____/____/____ or **Age:** _____

Race: ☐ White ☐ American Indian/Alaskan Native ☐ Asian ☐ African American/Black
☐ Native Hawaiian/Other Pacific Islander

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

My relationship to the individual(s) to whom I provide care is:

☐ Grandparent ☐ Other Relative Over Age 55 ☐ Other Non-Relative Over Age 55

Total number of children aged 18 and younger receiving care: _____

Total number of persons who are disabled and between 19-59 years old receiving care: _____

Check the box next to the service provided:

- ☐ GO Access Assistance
- ☐ GO Counseling
- ☐ GO Home Delivered Meals
- ☐ GO Options Counseling

- ☐ GO Respite
- ☐ GO Self-Directed Care
- ☐ GO Supplemental Service

New Intake Form: ☐ Updated Intake Form: ☐

Provider Name: _____

Grandparent or Other Older Relative Caregiver of a Child. A grandparent, a step-grandparent or other relative caregiver of a child by blood or marriage who is 55 years of age or older and:

- a) Lives with the child;
- b) Is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
- c) Has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.